

Exhibit 2

Part III

<p>194</p> <p>1 B. Amendola 2 had to do home study for products that Bristol 3 anticipated getting approved that were not approved. 4 Q. Can you explain to me what a plan of 5 action meeting is? 6 A. A plan of action meeting is a coming 7 together of a region, depending on the company's 8 finances sometimes every quarter, sometimes three 9 times a year, sometimes four times a year, or twice a 10 year. 11 It's a coming together to go over new 12 promotional materials, to teach the reps how to use 13 the new promotional materials, how to have the reps 14 role play and get certified to see if they're using 15 them properly in the way they have just been taught 16 to use them. There are also some team building 17 activities. It's three days or four days. It's 18 training if a product gets a new indication. So it's 19 training to make sure that you're doing it the right 20 way. 21 Q. Did you ever do any of the training at 22 these POA meetings? 23 A. No. 24 Q. Did you ever lead any of the role 25 playing exercises?</p>	<p>196</p> <p>1 B. Amendola 2 at night. We would read the modules. We would study 3 the modules. We would do the modules online and then 4 we would be tested on them. 5 Q. Did you always do it at night? 6 A. I couldn't do it in the field because my 7 computer was not wireless. 8 Q. You never did it during the weekday? 9 A. The weekday? 10 Q. Yes. 11 A. I was working during the weekday. 12 Q. Is that a no? 13 A. It's a no because I was working during 14 the day without a wireless computer. 15 Q. Did you ever see your learning history 16 at Bristol-Myers Squibb? 17 A. Yes. 18 Q. Is it accurate? 19 MR. MAAZEL: Form objection. 20 Q. Do you believe it's accurate? 21 MR. MAAZEL: What are we talking about, 22 a document? 23 MR. BROWN: I asked her if she seen the 24 learning history. She said yes. 25 Q. I'm asking if what you saw you believe</p>
<p>195</p> <p>1 B. Amendola 2 A. Yes, I did. 3 Q. Could you tell me about that? 4 A. They would ask for a volunteer, someone 5 to get up and do it. There was generally a small 6 gift if you got up and you did it, a Starbucks card 7 or something, and I always wanted to bring something 8 home for my youngest daughter. I would always 9 volunteer to get it over with, go up, do the role 10 play, get the gift and I would be done. 11 Q. Who attended these meetings? 12 A. The reps. 13 Q. Reps within CV/Met? 14 A. Reps within CV/Met whether they were 15 specialists, or hospital reps, or primary care reps. 16 Q. You also received online training, 17 correct? 18 A. Received a lot of online training. 19 Q. On what topics? Do you recall? 20 A. I believe that I did approximately -- I 21 did over 20 online modules. Samples accountability, 22 driving skills, new indications for the product. If 23 we -- HIPAA rules and regulations, the pharmacode. 24 If we got a new product then we would do testing 25 online. We would read the modules. I did all this</p>	<p>197</p> <p>1 B. Amendola 2 was accurate? 3 A. The last time I saw it I thought it was 4 accurate. It's a secure site. I can't go to the 5 site. I haven't been able to since March. 6 Q. Is it your testimony that you didn't 7 complete training during the workday? 8 MR. MAAZEL: Form objection. 9 Q. That's your testimony? 10 MR. MAAZEL: Form objection. 11 A. If we were given an administrative day, 12 then I did the module during the workday. 13 Q. Were you given administrative days? 14 A. Occasionally. 15 Q. How many? 16 A. I have no idea. 17 Q. Once a month. 18 A. It was not on a regular basis. 19 Q. On average how many a year? 20 A. I have no idea. I have no idea. It was 21 arbitrary. 22 Q. Were you given time to complete these 23 trainings? I mean over the course of a week or two 24 weeks. 25 A. Yes.</p>

<p style="text-align: right;">198</p> <p>1 B. Amendola</p> <p>2 Q. Do you know whether other reps -- strike</p> <p>3 that. You said that you didn't I guess the last</p> <p>4 three years of your employment have the wireless</p> <p>5 connection for your laptop in your car?</p> <p>6 A. I didn't have a wireless connection in</p> <p>7 my computer.</p> <p>8 Q. Do you know whether other reps did?</p> <p>9 A. Some did. Some had a wireless card in</p> <p>10 their tablets.</p> <p>11 Q. Do you know whether those other reps who</p> <p>12 had the wireless card in their tablets completed</p> <p>13 training during the workday?</p> <p>14 A. I have no idea.</p> <p>15 Q. Did you ever do any training at the</p> <p>16 regional meetings? When I say do training, I mean</p> <p>17 did you ever lead the training or present a journal</p> <p>18 or paper?</p> <p>19 A. No.</p> <p>20 Q. Did you ever lead training at all?</p> <p>21 MR. MAAZEL: Form objection.</p> <p>22 Q. At a regional meeting?</p> <p>23 MR. MAAZEL: Objection.</p> <p>24 A. You want me to answer it?</p> <p>25 Q. Please.</p>	<p style="text-align: right;">200</p> <p>1 B. Amendola</p> <p>2 a bell. I know ENGAGE, but I don't remember reading</p> <p>3 any of this.</p> <p>4 Q. If you would turn to the very last page,</p> <p>5 Bates 2372, at the very bottom you will see it has a</p> <p>6 2004 copyright on it.</p> <p>7 A. Okay.</p> <p>8 Q. You were employed by Bristol-Myers in</p> <p>9 2004?</p> <p>10 A. Yes, I was.</p> <p>11 Q. I guess I'm just asking you then, are</p> <p>12 you familiar with this document?</p> <p>13 A. I'm looking at these examples in here</p> <p>14 and I don't remember any of these examples.</p> <p>15 Q. Why don't you take a moment and look</p> <p>16 through this document and tell me if you're generally</p> <p>17 familiar with the concepts or the techniques that are</p> <p>18 referenced in here.</p> <p>19 A. The concept, yes. The concepts,</p> <p>20 definitely, yes. I believe that we did this at a</p> <p>21 training.</p> <p>22 Q. You believe you did what at a training?</p> <p>23 A. At a sales training we did, for example,</p> <p>24 there's the appendix, the Excedrin, I remember doing</p> <p>25 an exercise with Excedrin and Comtrex. I remember</p>
<p style="text-align: right;">199</p> <p>1 B. Amendola</p> <p>2 A. If there was a clinical study and they</p> <p>3 asked for someone to analyze the study I would</p> <p>4 volunteer to do it, but I didn't prepare prior to the</p> <p>5 meeting to analyze a clinical study. I would just</p> <p>6 volunteer and do it.</p> <p>7 Q. Had you already analyzed it at the time</p> <p>8 you had presented?</p> <p>9 A. I did right prior to presenting it.</p> <p>10 Q. Are you familiar with the ENGAGE</p> <p>11 learning system?</p> <p>12 A. I think so. I don't know how familiar.</p> <p>13 Q. We're going to find out.</p> <p>14 MR. BROWN: We're going to mark as</p> <p>15 Exhibit 10 the ENGAGE learning system. This is Bates</p> <p>16 BMS 2143 through 2372.</p> <p>17 (Whereupon, ENGAGE learning system was</p> <p>18 received and marked Amendola Exhibit 10, for</p> <p>19 identification, as of this date.)</p> <p>20 MR. MAAZEL: Take a minute to look</p> <p>21 through it.</p> <p>22 Q. Before you is what's been marked as</p> <p>23 Amendola 10. Are you generally familiar with this</p> <p>24 document?</p> <p>25 A. I don't think so. It's just not ringing</p>	<p style="text-align: right;">201</p> <p>1 B. Amendola</p> <p>2 that from a training session and I do know the terms</p> <p>3 in here.</p> <p>4 MR. MAAZEL: Are you saying there's some</p> <p>5 other ENGAGE booklet that you know other than this</p> <p>6 one?</p> <p>7 THE WITNESS: I'm not saying that</p> <p>8 either.</p> <p>9 Q. This is not a quiz on whether you know</p> <p>10 every aspect of it, but is it fair to say that you're</p> <p>11 generally familiar with the ENGAGE learning system,</p> <p>12 correct?</p> <p>13 A. Yes, I know that there is a series of</p> <p>14 steps. That I know.</p> <p>15 Q. A series of steps that are reflected in</p> <p>16 the ENGAGE learning system?</p> <p>17 A. Right.</p> <p>18 MR. BROWN: We're going to mark this as</p> <p>19 Exhibit 11, which is another document related to</p> <p>20 ENGAGE. It's entitled ENGAGE Selling Skills Model</p> <p>21 Pre-Work.</p> <p>22 (Whereupon, ENGAGE Selling Skills Model</p> <p>23 Pre-Work was received and marked Amendola Exhibit 11,</p> <p>24 for identification, as of this date.)</p> <p>25 Q. Can you take a look at what's been</p>

1 B. Amendola 2 marked as Amendola 11 and tell me if you're familiar 3 with this document. 4 A. I'm more familiar with this document. 5 Q. Let's go over this document that's 6 Amendola 11. What was the ENGAGE Selling Skills 7 Model that we've marked as Amendola 11? 8 A. It was a series of steps to call on your 9 customer, figure out the customer's needs, engage the 10 customer in a conversation, focus on the customer in 11 order to get the customer to prescribe more of the 12 product. 13 Q. As part of the ENGAGE model, you learned 14 through various methods like workshops and role 15 playing and reading; is that accurate? 16 A. Workshops, role playing, right, and 17 reading, and also we were given different scenarios 18 and told to figure out what's the global A to B 19 shift, what will you do on your next call. It was, 20 again, leaving nothing to chance. 21 Q. When you say A to B shift, what do you 22 mean by that? 23 A. I vaguely remember -- I mean I haven't 24 done this in two years or more -- the global A to B 25 shift had to move the doctor from thinking one thing	202 1 B. Amendola 2 assume that this will work and wanted it adapted by 3 every single rep in the field because they say that 4 this will work. 5 Q. The components of ENGAGE were opening, 6 probing, positioning and closing; is that accurate? 7 A. But this global A to B shift I remember 8 was very important. 9 Q. Okay. 10 A. We were encouraged to write notes about 11 the global A to B shift every evening. 12 Q. Including the A to B shift? 13 A. Right. 14 Q. ENGAGE included opening, probing, 15 positioning and closing, correct? 16 A. Right. If you go -- 17 MR. MAAZEL: Wait for a question. 18 Q. Is there a page you would like to direct 19 me to? 20 A. Yes, I would like to go to page 2393, to 21 the third paragraph. 22 Q. Okay. 23 A. "You must plan your incremental A to B 24 shifts carefully." 25 Q. Could you read the rest of the
203 1 B. Amendola 2 to thinking what you wanted the doctor to think. 3 I believe it's, for example, 4 antihypertensives are very good for patients, and 5 there's also a focus, what are you going to focus on. 6 Antihypertensives are an excellent pharmaceutical for 7 patients who have high blood pressure. You want to 8 shift the doctor from thinking that into Avapro is 9 the best antihypertensive for your patients with high 10 blood pressure because it can do this, this, and 11 this. So it's taking -- here global A to B shifts 12 (indicating). 13 Q. What page are you on? 14 A. It's the big picture. 15 Q. What page are you on? 16 A. I'm on page 2389. You want to shift the 17 doctor's way of thinking from use antihypertensives 18 for your hypertensive patients to lower their blood 19 pressure to prescribe Avapro for your hypertensive 20 patients because Avapro will lower their hypertension 21 in a safe, effective way. 22 Q. Is it fair to say that these were skills 23 that you were being trained on? 24 A. These are techniques formulated by 25 marketers who generally do not call on doctors, but	203 1 B. Amendola 2 paragraph? 3 A. "If you make them too small you will 4 increase the number of calls you have to make with 5 the customer to achieve your overall goal. If the 6 incremental steps are too large you will constantly 7 run into resistance from the customer. The key is to 8 make sure the hassle factors of change at each step 9 are just under the customer's threshold of pain." 10 Q. The customer was who? 11 A. The customer is the physician. The 12 point I'm making is that in order to accomplish this 13 paragraph three, you needed to work on your call 14 planning in a quiet, controlled atmosphere, and a car 15 or a doctor's waiting room was not the place where 16 this could have been done. This was done in the 17 evenings when you could work in your home office. 18 Q. Do you know whether all reps in CV/Met 19 did this at home in their office or was it just you 20 you're talking about? 21 A. I know the reps that I know did it at 22 home in their offices. 23 Q. In the evenings? 24 A. Yes. 25 Q. Did they ever do it in the mornings?

<p>1 B. Amendola</p> <p>2 A. They couldn't. Well, maybe some could</p> <p>3 have done it before eight a.m.</p> <p>4 Q. Do you know?</p> <p>5 A. I did work before eight a.m.</p> <p>6 Q. I'm asking do you know about these other</p> <p>7 reps?</p> <p>8 A. I don't know what time they got up.</p> <p>9 Q. Do you know what time they went to</p> <p>10 sleep?</p> <p>11 A. No.</p> <p>12 Q. Do you know whether they did any call</p> <p>13 planning to focus on shifting their customers from A</p> <p>14 to B during the day?</p> <p>15 A. Yes.</p> <p>16 Q. What do you know?</p> <p>17 A. I know that this was a requirement, it</p> <p>18 had to be done, and I know that they worked on it at</p> <p>19 night.</p> <p>20 Q. My question I guess is more particular.</p> <p>21 Do you know whether other pharmaceutical reps in</p> <p>22 CV/Met did their call planning, their ENGAGE model to</p> <p>23 shift the doctor's prescribing habits during the day?</p> <p>24 A. No, I don't know if they did it during</p> <p>25 the day.</p>	<p>206</p> <p>1 B. Amendola</p> <p>2 did then I wrote it in there.</p> <p>3 Q. If it didn't did you write it down</p> <p>4 anywhere else?</p> <p>5 A. I probably would write it in my paper</p> <p>6 call plan this way I would know what to do the next</p> <p>7 time I went back.</p> <p>8 Q. What's a paper call plan?</p> <p>9 A. A list on even a scrap piece of paper of</p> <p>10 where I was going that day.</p> <p>11 Q. Did you retain any of your paper call</p> <p>12 plans?</p> <p>13 A. No.</p> <p>14 Q. What did you do with them?</p> <p>15 A. I disposed of them. They were mine.</p> <p>16 Q. When did you dispose of them?</p> <p>17 A. When I was no longer employed by</p> <p>18 Bristol-Myers Squibb.</p> <p>19 Q. Do you recall when you disposed of them?</p> <p>20 A. March of '06.</p> <p>21 Q. You know that?</p> <p>22 A. I'm sure I did. I cleaned out my</p> <p>23 office.</p> <p>24 Q. The technique or the emphasis of trying</p> <p>25 to shift a customer's prescribing habits from A to B,</p>
<p>207</p> <p>1 B. Amendola</p> <p>2 Q. After you made a call to a doctor, I</p> <p>3 believe you testified that it was at the end of the</p> <p>4 day you did this, you detailed the call; is that</p> <p>5 correct?</p> <p>6 A. No.</p> <p>7 Q. Did you ever write down notes as to what</p> <p>8 it is that you talked to the doctor about?</p> <p>9 A. If there was a place in the call max</p> <p>10 system to enter notes and if notes were required I</p> <p>11 did.</p> <p>12 Q. Let me ask you this: You visit a doctor</p> <p>13 and you discuss a topic, and then you're going to</p> <p>14 visit that doctor let's say a week later, would you</p> <p>15 know that you've already covered that topic with him</p> <p>16 or her?</p> <p>17 A. In some cases the answer is yes, in</p> <p>18 other cases I would have to write it down to remember</p> <p>19 it.</p> <p>20 Q. When you say you would have to write it</p> <p>21 down, are you talking about entering that in call</p> <p>22 max?</p> <p>23 A. If there was -- if I had it in front of</p> <p>24 me I could tell you. I don't remember if the last</p> <p>25 tablets that I had had provisions for that. If it</p>	<p>209</p> <p>1 B. Amendola</p> <p>2 how did you go about doing?</p> <p>3 MR. MAAZEL: Form objection.</p> <p>4 A. I went into the call max plan, into the</p> <p>5 call max in the computer, I looked to see -- the</p> <p>6 different -- the different products and the</p> <p>7 competitors were clearly listed in there. I would</p> <p>8 see how many RX's there were for my product, how many</p> <p>9 for the competition, then I would look at the managed</p> <p>10 care that the doctor was a provider for, and then I</p> <p>11 would say -- I would also look to see, for example,</p> <p>12 in hypertension there are beta blockers, there are</p> <p>13 angiotension receptor blockers, there are calcium</p> <p>14 channel blockers. They're all drugs for</p> <p>15 hypertension, but they're different classes of drugs.</p> <p>16 I would see what does the doctor use the</p> <p>17 most of, beta blockers, ARB's and then I could</p> <p>18 formulate a plan to see what am I fighting against,</p> <p>19 and I would make a plan that way. I would use the</p> <p>20 call max. I would use whatever I could get out of</p> <p>21 there.</p> <p>22 Q. You were pretty effective at doing this,</p> <p>23 weren't you?</p> <p>24 A. I don't know.</p> <p>25 Q. You were an award winner?</p>

1 B. Amendola 2 A. Maybe I had a good partner. 3 Q. Maybe you were good? 4 A. Maybe, but I don't know that. Whenever 5 there was -- 6 Q. On a day-to-day basis you were making 7 these calls to the doctors on your call list by 8 yourself, correct? 9 A. Right. 10 Q. Approximately once a month your DBM 11 would go and ride-along with you; is that right? 12 A. Right. 13 Q. Anybody else do any ride-alongs with 14 you? 15 A. I think someone from marketing once rode 16 with me, but I don't remember who. 17 Q. Just one time? 18 A. I think so. In fact, he marketed 19 Tequin. He was in marketing for the antibiotics, I 20 believe. 21 Q. So that wasn't within the last three 22 years of your employment? 23 A. No, I don't think so. No, definitely 24 not. 25 Q. Other than POA meetings or face-to-face	1 B. Amendola 2 A. Yes. 3 Q. It's dated December 21st, 2005? Look at 4 your signature. 5 A. Yes. 6 Q. Ms. Amendola, is it your signature next 7 to December -- 8 A. I said yes. 9 Q. I didn't hear you. I apologize. This 10 is a performance review, your performance connection 11 review for December 2005, correct? 12 A. Right. 13 Q. Do you recognize this document? 14 A. Yes. 15 Q. It's correct that you were a territory 16 business manager? 17 A. Yes. 18 Q. In the North Miami district? 19 A. Yes. 20 Q. And your territory was the Hollywood 21 territory? 22 A. Yes. 23 Q. Your manager was Nelson Almerico? 24 A. Yes. 25 Q. In the second box it says Assessment of
211 1 B. Amendola 2 meetings which you said were a couple of times a 3 year -- 4 A. Right. 5 Q. -- and the ride-alongs, did you ever 6 have any face-to-face communications with your DBM? 7 A. We would have a holiday party. 8 Q. Other than that? 9 A. I wouldn't see him at any other things. 10 Q. Your DBM, when he did a ride-along with 11 you, he evaluated you, correct? 12 A. Yes. 13 Q. Isn't it true that you generally 14 received very positive evaluations from your DBM? 15 A. Yes. 16 Q. Let me show you what we're going to mark 17 as Amendola 12. 18 (Whereupon, December 2005 performance 19 review was received and marked Amendola Exhibit 12, 20 for identification, as of this date.) 21 Q. Just let me know when you're finished 22 reviewing that document. 23 A. I'm ready. 24 Q. Is that your signature on the second 25 page?	213 1 B. Amendola 2 Results. Do you see where I'm referring to? 3 A. Yes. 4 Q. It says right below that, quote, Product 5 Sales Objectives. Do you see that? 6 A. No. 7 Q. Right below where it says Assessment of 8 Results it says Product Sales Objectives. 9 A. Yes, I see assessment, the manager's 10 overall assessment of results. 11 Q. No. 12 A. Under his name? 13 Q. Above that it says "Sales Effectiveness 14 Measures." Do you see that? 15 A. Yes. 16 Q. Above that it says "Product Sales 17 Objectives." 18 A. Yes. 19 Q. I'm on BMS 22. Underneath Product Sales 20 Objectives it says, quote, portfolio attainment. Do 21 you see that? 22 A. Yes. 23 Q. And there's 100 expectation and then the 24 result is 98 percent? 25 A. Right.

	214		216
1		1	B. Amendola
2	Q. Do you see that?	2	Q. Do you know what Start Adherence Score
3	A. Yes.	3	reflected?
4	Q. What is that? What does that mean?	4	A. Yes, the number of times -- it was the
5	A. That's year to date. I believe it	5	order of the details, I believe, on your call list.
6	means -- I think it means that by the end of the year	6	That was the difference -- that your call -- you
7	you have to have 100 percent.	7	positioned the products properly when you made the
8	Q. What was your portfolio?	8	calls, and I think CAS is Call Attainment Score and
9	A. My portfolio were the products that I	9	that was did you call on the people on your call
10	was marketing.	10	list.
11	Q. Did you have an expectation in terms of	11	Q. For SAS the expectation was that you
12	dollars that would be sold in your territory for a	12	would meet --
13	quarter or for the year?	13	A. Eighty percent.
14	A. We were given IC scorecards that had --	14	Q. -- eighty percent?
15	we could never understand them, but there were	15	A. Right.
16	dollars, dollars that they had done in the preceding	16	Q. And the result as of October 5th was
17	12 months versus dollars that they wanted you to do	17	that you were performing at 98.3 percent?
18	in these 12 months, and you had to either meet that,	18	A. Right.
19	exceed it, or be below it.	19	Q. For CAS the expectation is you would
20	Q. As of I guess year to date was September	20	have a 90 percent goal or attainment, and you were at
21	there, you had achieved 98 percent of that portfolio	21	122.2 percent, correct?
22	attainment?	22	A. Right.
23	A. Right.	23	Q. Manager's overall assessment at this
24	Q. Below that is a measure, it's called	24	time was that you were fully performing, correct?
25	Sales Effectiveness Measures. Do you see that?	25	A. Right.
	215		217
1		1	B. Amendola
2	A. Right.	2	Q. Your SAS and your CAS scores impacted
3	Q. It has underneath that S-A-S, SAS.	3	your compensation, correct?
4	A. Yes, SAS.	4	A. The only way they impacted my
5	Q. What was SAS?	5	compensation was if I achieved 80 and 90 percent.
6	A. SAS was -- these were all tied up with	6	Q. If you didn't achieve 80 or 90 percent,
7	the call max system.	7	did it effect your compensation?
8	Q. What was SAS?	8	A. Yes.
9	A. I don't remember.	9	Q. And if you exceeded 80 or 90 percent,
10	Q. Was that the --	10	did it effect your compensation?
11	A. It was something attainment something,	11	A. Not exactly, but my thinking was if I
12	but I don't remember. It was sales calls or calls.	12	stuck to the call plan I would fulfill the SAS and
13	I know CAS was call attainment and those were the	13	CAS, but if I called on additional physicians I
14	things -- wait. SAS was --	14	would -- I would allocate the samples to doctors that
15	Q. Sales effectiveness measures?	15	I felt needed them and perhaps move the market share
16	A. No, it wasn't effectiveness. I think it	16	and get a better IC check.
17	was the number of times.	17	Q. So if you called on more doctors and
18	MR. MAAZEL: If you don't know or don't	18	stuck to the Start Adherence Score, you felt that
19	remember, that's okay.	19	would move the market share?
20	Q. Are you familiar with the term "Start	20	A. I hoped so.
21	Adherence Score"?	21	Q. In fact, the result here is that you did
22	A. Right, that's what it is, Start	22	call on more doctors than what was required, correct?
23	Adherence Score. Why didn't you tell me that?	23	A. Right.
24	Q. I didn't know.	24	Q. And you adhered to the Start Adherence
25	A. That is what it is.	25	Score more than what was expected, correct?

<p>1 B. Amendola</p> <p>2 A. Right.</p> <p>3 Q. And you were achieving 98 percent of the</p> <p>4 portfolio attainment for the sales objective?</p> <p>5 MR. MAAZEL: Objection, asked and</p> <p>6 answered.</p> <p>7 Q. Yes?</p> <p>8 MR. MAAZEL: I think we've gone through</p> <p>9 this.</p> <p>10 Q. Yes, Ms. Amendola?</p> <p>11 A. Could you repeat the question?</p> <p>12 Q. Yes. You were achieving at this time 98</p> <p>13 percent of the sales attainment calls?</p> <p>14 A. Right.</p> <p>15 MR. MAAZEL: Form objection.</p> <p>16 A. Sales attainment did not mean sales</p> <p>17 numbers. It meant the placement of the products in</p> <p>18 calling on the doctors on the call -- in the call</p> <p>19 max.</p> <p>20 Q. I'm not referring to the SAS and CAS.</p> <p>21 I'm referring to the portfolio attainment.</p> <p>22 A. Right. I was looking at that. Yes,</p> <p>23 you're right, 98 percent out of 100 percent.</p> <p>24 Q. Achievement on her portfolio attainment</p> <p>25 for sales?</p>	<p>218</p> <p>1 B. Amendola</p> <p>2 A. Yes.</p> <p>3 Q. Could you explain what that means, that</p> <p>4 sentence?</p> <p>5 A. It means that Avalide had a strength</p> <p>6 of -- until this time Avalide's strength was</p> <p>7 300/12.5. Now it was increased to a strength of</p> <p>8 300/25. Doctors had been asking for a higher</p> <p>9 strength of the second part of the Avalide.</p> <p>10 I identified the ones who had been</p> <p>11 saying if Avalide had more of the hydrochlorothiazide</p> <p>12 it would be better. I identified them and I felt</p> <p>13 they were committed to prescribing it. They wanted</p> <p>14 it. Here it was.</p> <p>15 Q. Beneath that it says, "Beth and the</p> <p>16 Hollywood pod are number three in the Plavix high def</p> <p>17 contests." Do you see that?</p> <p>18 A. Yes.</p> <p>19 Q. Can you explain what that means to me?</p> <p>20 A. Well, you saw on the other thing it was</p> <p>21 number one in the high def contest. Well, this was</p> <p>22 December already and now we were number three.</p> <p>23 Q. Out of how many?</p> <p>24 A. I believe all the pods in the region.</p> <p>25 Q. How many pods were in the region?</p>
<p>1 B. Amendola</p> <p>2 A. Right.</p> <p>3 Q. The Strengths and Developments on this</p> <p>4 page, do you see that?</p> <p>5 A. Yes.</p> <p>6 Q. It says Performance Strengths Results,</p> <p>7 do you see that?</p> <p>8 A. Yes.</p> <p>9 Q. It says, "Beth and the Hollywood pod are</p> <p>10 consistently in the top 52 in Plavix sales."</p> <p>11 Do you see that?</p> <p>12 A. Yes.</p> <p>13 Q. Is that accurate?</p> <p>14 A. I don't know. I'm sure I thought it was</p> <p>15 accurate at the time I signed it.</p> <p>16 Q. It says, "Beth has superior</p> <p>17 relationships with her Hollywood customers."</p> <p>18 Do you see that?</p> <p>19 A. Yes.</p> <p>20 Q. Is that accurate?</p> <p>21 A. Yes.</p> <p>22 Q. "Beth has identified the top 20</p> <p>23 customers to drive the new Avalide 300/25 business</p> <p>24 and has gotten firm commitments to move the</p> <p>25 Avapro/Avalide business." Do you see that?</p>	<p>219</p> <p>221</p> <p>1 B. Amendola</p> <p>2 A. I think that varied too. In the region</p> <p>3 there could have been -- one year there were 32 pods.</p> <p>4 I don't know what there was in 2005.</p> <p>5 Q. Were there more or less?</p> <p>6 A. I don't know how it was divided.</p> <p>7 Actually, there probably were more. There were more</p> <p>8 in 2005. I believe it was pods, but there were over</p> <p>9 500 reps -- there were three groups of 500 each or</p> <p>10 something like, so there were a lot of reps, a lot of</p> <p>11 groups.</p> <p>12 Q. Did you win anything at the end of 2005</p> <p>13 for this high def contest?</p> <p>14 A. I don't know.</p> <p>15 Q. Any money?</p> <p>16 A. I don't remember.</p> <p>17 Q. A trip?</p> <p>18 A. No.</p> <p>19 Q. Beneath that box it says Performance</p> <p>20 Strengths, Core BMS Behaviors. Do you see that?</p> <p>21 A. Yes.</p> <p>22 Q. It says, "Beth has superior</p> <p>23 relationships with the matrix team and works closely</p> <p>24 with them to move key customers."</p> <p>25 Can you explain what is meant by that</p>

<p>226</p> <p>1 B. Amendola 2 we're going to mark as Amendola 13, which is a 3 June 9th, 2005 performance connections review. 4 (Whereupon, June 2005 performance review 5 was received and marked Amendola Exhibit 13, for 6 identification, as of this date.) 7 Q. Just let me know when you're done 8 reviewing this. 9 A. I'm ready. 10 Q. Is that your signature on the second 11 page, BMS 25? 12 A. Yes. 13 Q. It's dated July 15, 2005? 14 A. Yes. 15 Q. This is your midyear performance review? 16 A. Yes. 17 Q. Looking at the third box that says 18 Assessment of Results? 19 A. Yes. 20 Q. Underneath it says Product Sales 21 Objectives? 22 A. Yes. 23 Q. It lists Plavix as the first? 24 A. Right. 25 Q. Is it correct that in or as of</p>	<p>228</p> <p>1 B. Amendola 2 Effectiveness Measures. 3 A. Right. 4 Q. It has your SAS and CAS scores? 5 A. Right. 6 Q. You were exceeding expectations at this 7 time? 8 A. Yes. 9 Q. It also lists your calls per day? 10 A. Right. 11 Q. The expectation was eight calls per day, 12 correct? 13 A. Right. 14 Q. And you were actually seeing 11.9, on 15 average, doctors per day, correct? 16 A. Right. 17 Q. Do you know where that ranked you in 18 terms of numbers of calls per day among the other 19 TBM's in CV/Met primary care? 20 A. It would show up under the North Miami 21 territory. There was usually a bar graph. I was 22 usually up there. Sometimes I had the most, 23 sometimes the second most, the third most. This was 24 a very rough year for us because of managed care so 25 we were trying to do whatever we could to counteract</p>
<p>227</p> <p>1 B. Amendola 2 March 2005 the sales objectives in your territory for 3 Plavix had exceeded the 100 percent expectation? 4 A. Yes. 5 Q. Is it also correct that for 6 Avapro/Avalide that as of March 2005 the sales 7 objectives for your territory were at 96.38 percent? 8 A. Yes. 9 Q. And for Pravachol as of March 2005 for 10 your territory the product sales objectives were at 11 95.19 percent of the expectation? 12 A. Yes. 13 Q. The Portfolio Attainment, which is the 14 next line, do you see that? 15 A. Yes. 16 Q. Is that an average of the three products 17 sales objectives? 18 A. I believe so. 19 Q. Beneath that it has a Pinnacle ranking? 20 A. Right. 21 Q. What was a Pinnacle ranking? 22 A. How you would need to be in the top ten 23 percent of your particular sales force in order to 24 win Pinnacle in December. 25 Q. Beneath that where it says Sales</p>	<p>229</p> <p>1 B. Amendola 2 that, and you do what you have the power to do, and 3 one thing was calling on doctors. 4 Q. Underneath Performance Strengths Core 5 BMS Behaviors? 6 A. Yes. 7 Q. The third paragraph it says, quote, Beth 8 consistently works with her pod to adapt a business 9 plan to fit the changing needs of the Hollywood 10 territory and the marketplace as a whole. 11 Do you see that? 12 A. Yes. 13 Q. Is that accurate? 14 MR. MAAZEL: Form objection. You can 15 answer. 16 A. Yes. 17 Q. Can you tell me how you went about 18 adapting a business plan in your territory? 19 A. I believe we made the business plan -- 20 we had done business plans. They would come and go, 21 but if we did it, we did it prior to the calendar 22 year, so it was a wish list, and then once we had our 23 universe of doctors and once we knew what we were 24 doing, then we either stuck to it or we changed it. 25 Q. Can you recall what it was that you and</p>

<p>1 B. Amendola</p> <p>2 your pod did to adapt your business plan at this</p> <p>3 time?</p> <p>4 A. Instead of doing a dinner program in</p> <p>5 March, maybe we did a dinner program in April. Maybe</p> <p>6 we did a dinner program with a different speaker.</p> <p>7 Things like that. Very basic things. Allocated our</p> <p>8 money to do lunches at a particular office.</p> <p>9 If we had a product that was well placed</p> <p>10 on a certain formulary and we found out that the</p> <p>11 doctor wasn't taking patients who were covered by</p> <p>12 that insurance anymore, then we certainly weren't</p> <p>13 going to do a lunch there or take the doctor out to</p> <p>14 dinner because he could love the product, but he was</p> <p>15 not going to prescribe it.</p> <p>16 Q. Let me show you what we're going to mark</p> <p>17 as Amendola 14, which is a December 13, 2004</p> <p>18 performance connections review.</p> <p>19 (Whereupon, December 2004 performance</p> <p>20 review was received and marked Amendola Exhibit 14,</p> <p>21 for identification, as of this date.)</p> <p>22 Q. Let me know when you're finished</p> <p>23 reviewing that.</p> <p>24 A. I'm ready.</p> <p>25 Q. Is that your signature on the second</p>	<p>230</p> <p>1 B. Amendola</p> <p>2 A. Yes.</p> <p>3 Q. Tell me about Pinnacle.</p> <p>4 MR. MAAZEL: Form objection.</p> <p>5 Q. Tell me what Pinnacle was, please.</p> <p>6 A. Pinnacle was being in the top ten</p> <p>7 percent or at one time I think it was the top</p> <p>8 25 percent of the sales force and winning a</p> <p>9 substantial -- and attaining a substantial bonus and</p> <p>10 winning a trip.</p> <p>11 Q. Was that based purely on the volume of</p> <p>12 sales in your territory?</p> <p>13 MR. MAAZEL: Form objection.</p> <p>14 A. It was based on what your goals were</p> <p>15 when you started the year and what you had attained</p> <p>16 by the end of the year, and if it was attained in a</p> <p>17 positive growth.</p> <p>18 Q. When you say "goals," is that sales</p> <p>19 goals?</p> <p>20 A. Sometimes it was based on growth and</p> <p>21 sometimes it was based on something else. It was</p> <p>22 growth.</p> <p>23 Q. Right, growth in sales?</p> <p>24 A. Did the number of scripts grow in that</p> <p>25 territory for that year.</p>
<p>231</p> <p>1 B. Amendola</p> <p>2 page, BMS 27?</p> <p>3 A. Yes.</p> <p>4 Q. Dated February 22nd, 2005?</p> <p>5 A. Yes.</p> <p>6 Q. Was this your year end performance</p> <p>7 connections evaluation for the year 2004?</p> <p>8 A. Yes.</p> <p>9 Q. Under the third box Assessment of</p> <p>10 Results Q1 through Q3, do you see that?</p> <p>11 A. Yes.</p> <p>12 Q. On the first page under BMS 26?</p> <p>13 A. Yes.</p> <p>14 Q. That's the first through third quarters</p> <p>15 of results for 2004, right?</p> <p>16 A. Right.</p> <p>17 Q. Underneath Product Sales Objectives it</p> <p>18 says "IC attainment." Do you see that?</p> <p>19 A. Yes.</p> <p>20 Q. What is IC attainment?</p> <p>21 A. That's the bonus, incentive compensation</p> <p>22 attainment.</p> <p>23 Q. Was that -- I guess we talked about --</p> <p>24 A. That's for Pinnacle.</p> <p>25 Q. Pinnacle?</p>	<p>233</p> <p>1 B. Amendola</p> <p>2 Q. For this year, the end of December 2004,</p> <p>3 the attainment that you had achieved for the growth</p> <p>4 in sales -- what did you say?</p> <p>5 A. Product growth.</p> <p>6 Q. For the product growth, the result was</p> <p>7 at 126 percent of what the expectation was; is that</p> <p>8 correct?</p> <p>9 A. Right, as of the 5th of September.</p> <p>10 Q. As of December 18th, 2005 you were</p> <p>11 making 12.9 calls on average per day?</p> <p>12 A. Right.</p> <p>13 Q. And you had exceeded your SAS and your</p> <p>14 CAS scores?</p> <p>15 A. Right.</p> <p>16 Q. Strength and Developments, which is five</p> <p>17 boxes down.</p> <p>18 A. Right.</p> <p>19 MR. MAAZEL: Sorry, is there a typo</p> <p>20 here? I'm confused about the dates.</p> <p>21 MR. BROWN: What are you referring to?</p> <p>22 MR. MAAZEL: Just that it's dated</p> <p>23 December '04. It's signed February '05, but it's</p> <p>24 talking about September '05 or December '05.</p> <p>25 MR. BROWN: It may be that the --</p>

<p>1 B. Amendola</p> <p>2 A. This is the date it came out.</p> <p>3 MR. BROWN: That's September '04 I see</p> <p>4 attainment.</p> <p>5 A. No, it's not, it's '05.</p> <p>6 Q. You signed this document in February of</p> <p>7 '05, right?</p> <p>8 A. Then I don't know what it is.</p> <p>9 Q. Let's move on. Under Strengths and</p> <p>10 Development Needs --</p> <p>11 A. Yes.</p> <p>12 Q. -- do you see performance strengths?</p> <p>13 A. Yes.</p> <p>14 Q. It says, "Beth was a Pinnacle winner for</p> <p>15 three of six years."</p> <p>16 A. Right.</p> <p>17 Q. Is that accurate?</p> <p>18 A. Yes.</p> <p>19 Q. What did you win?</p> <p>20 A. I went to Hawaii, Bermuda, Europe. I</p> <p>21 tied for the trip to Cabo San Lucas.</p> <p>22 Q. Did you go to Cabo San Lucas?</p> <p>23 A. No.</p> <p>24 Q. Did you get money instead?</p> <p>25 A. Yes.</p>	<p>1 B. Amendola</p> <p>2 A. Yes.</p> <p>3 Q. What's an HISG rep?</p> <p>4 A. It's a hospital rep. Don't ask me what</p> <p>5 the ISG stands for.</p> <p>6 MR. BROWN: We'll take a break now.</p> <p>7 VIDEOGRAPHER: The time is approximately</p> <p>8 2:31. This ends tape number four. We're now going</p> <p>9 off the record.</p> <p>10 (Whereupon, a recess was taken.)</p> <p>11 VIDEOGRAPHER: The time is approximately</p> <p>12 2:43. This begins tape number five. We are now on</p> <p>13 the record.</p> <p>14 MR. BROWN: Could I have the last</p> <p>15 question and answer read back, please.</p> <p>16 (The requested portion was read.)</p> <p>17 Q. Under Career Aspirations on the second</p> <p>18 page of this document marked Amendola 14, BMS 27, you</p> <p>19 wrote, "with my experience in the pharmaceutical</p> <p>20 industry and as a former teacher, I would like to be</p> <p>21 a mentor to new reps." Do you see that?</p> <p>22 A. Yes.</p> <p>23 Q. Did you write that?</p> <p>24 A. Yes.</p> <p>25 Q. You also wrote, "I also would like to be</p>
<p>235</p> <p>1 B. Amendola</p> <p>2 Q. How much?</p> <p>3 A. My IC bonus.</p> <p>4 Q. How much? Do you recall?</p> <p>5 A. I don't know.</p> <p>6 Q. It says, "Beth" -- below that -- "Beth</p> <p>7 was a trip leader for the first six months of 2004."</p> <p>8 Do you see that?</p> <p>9 A. Yes.</p> <p>10 Q. What is a trip leader?</p> <p>11 A. That means that if three people could go</p> <p>12 on the trip, then I was either number one, two or</p> <p>13 three for the first six months of 2004.</p> <p>14 Q. Was this a competition?</p> <p>15 A. It's not a competition. It's just a</p> <p>16 goal. It's what a pharmaceutical rep aspires to,</p> <p>17 either a president's award or a Pinnacle award.</p> <p>18 Q. Was this meant to incentivize you in</p> <p>19 some way?</p> <p>20 A. Yes, that's why it's called incentive.</p> <p>21 Q. "Beth consistently performs in the top</p> <p>22 25 percent," which is what it says next.</p> <p>23 Do you see that?</p> <p>24 A. Yes.</p> <p>25 Q. Is that accurate?</p>	<p>237</p> <p>1 B. Amendola</p> <p>2 at the next career level." Do you see that?</p> <p>3 A. Yes.</p> <p>4 Q. What was the next career level for you?</p> <p>5 A. I don't remember, but whatever it was,</p> <p>6 it was the next to the one I was at.</p> <p>7 Q. If you look a few boxes down you wrote,</p> <p>8 "I would like to be a specialty rep." Do you see</p> <p>9 that?</p> <p>10 A. Yes.</p> <p>11 Q. Was that the next career level for you?</p> <p>12 A. Specialty reps and primary care reps</p> <p>13 were basically the same thing except specialty reps</p> <p>14 had additional clinical re-prints to review,</p> <p>15 predominantly called on specialists, and were paid</p> <p>16 more money. I wanted to earn more money and that</p> <p>17 would be a way to do it.</p> <p>18 Q. You also wrote in the comments on</p> <p>19 Performance Assessment at the end of this document,</p> <p>20 quote, I have had a good year, but now the challenge</p> <p>21 of being a CV/Met rep with a new portfolio makes me</p> <p>22 want to make 2005 a great year, close quote.</p> <p>23 Do you see that?</p> <p>24 A. Yes.</p> <p>25 Q. What was the new portfolio?</p>

1 B. Amendola 2 you were most effective when you tailored or more 3 effective when you tailored your presentations to the 4 doctor's needs and prescribing habits? 5 MR. MAAZEL: Form objection. You can 6 answer. 7 A. I'm most effective when I use the 8 accepted selling promotional materials for the right 9 doctor. We had a slew of promotional materials, so I 10 would pick the one that was appropriate for the 11 doctor and use that. 12 Q. By doing that, did you feel you were 13 maximizing your effectiveness? 14 A. I was using my tools in the best way 15 possible. 16 Q. By the way, when you entered a call into 17 the call max system, did you do that after each call? 18 A. Yes. 19 Q. Where did you do that? 20 A. I either did it immediately after the 21 physician signed for his samples, or I did it on the 22 way to the next call. 23 Q. In the car? 24 A. Yes. You didn't proceed to another call 25 until you finished the one there. It's time	1 B. Amendola 2 Summary, correct? 3 A. Yes. 4 Q. For this Performance Partnership Summary 5 through the period of November 2003 your percentage 6 of your incentive compensation target was at 7 194.95 percent, correct? 8 A. Yes. 9 Q. Your year to date standing among the 10 other territory reps was seven out of 35; is that 11 correct? 12 A. Yes. 13 Q. Under supporting behaviors -- 14 A. Yes. 15 Q. -- could you just read into the record 16 that first paragraph beginning with "Beth has 17 consistently"? 18 A. Me? 19 Q. Yes. 20 A. "Beth has consistently imparted disease 21 state knowledge to her customers on every call. This 22 has allowed her to keep her calls fresh and attention 23 getting. Her customers are always learning the most 24 up-to-date features and benefits of her products 25 versus the competition. By engaging the customers
1 B. Amendola 2 sensitive. 3 Q. You didn't have a wireless connection, 4 right? 5 A. No. 6 Q. In that same paragraph it says, "Beth 7 understands the physician's habits and knows the key 8 competitors she needs to sell against." 9 Do you see that? 10 A. Yes. 11 Q. Is that accurate? 12 A. Yes. 13 MR. BROWN: I'm going to mark as 14 Amendola 16 a Performance Partnership Summary dated 15 February 22, 2004. 16 (Whereupon, Performance Partnership 17 Summary was received and marked Amendola Exhibit 16 18 for identification, as of this date.) 19 Q. Did you sign this document? 20 A. Yes. 21 Q. It's BMS 30 that I'm referring to, okay? 22 A. Right. 23 Q. You signed it on February 22nd, 2004? 24 A. Right. 25 Q. This is a Performance Partnership	1 B. Amendola 2 with exciting information, they always have time for 3 this rep." 4 Q. Did you write that? 5 A. Probably. 6 Q. Do you agree with that? 7 A. I wasn't doing anything that any other 8 rep wasn't doing. Do I agree with it? Yes, this is 9 what we were supposed to do. 10 Q. Did you ever see any performance 11 partnership summaries for any other pharmaceutical 12 rep? 13 A. Now? 14 Q. Then. 15 A. No. 16 Q. Do you know if other pharmaceutical reps 17 received evaluations that were as good as yours? 18 A. Most definitely. Most of them did. 19 Q. How do you know that? 20 A. Because after we handed this in and 21 after we got it back we would hear oh, my performance 22 partnership was great. I might say to someone what 23 do you have to improve in. We were all pleased. Not 24 all. The ones that I spoke to were pleased with 25 their performance partnership.

1 B. Amendola 2 Q. Who was that? 3 A. B.J. Reeves, Jay Lakritz, L-A-K-R-I-T-Z. 4 If Alfredo was my partner, then most certainly 5 Alfredo. 6 Q. Anybody dissatisfied with their 7 Performance Partnership Summary? 8 A. If they were they weren't going to say 9 so. 10 Q. You don't know though? 11 A. They never told me. 12 Q. Do you know who is ranked 35 year to 13 date as of February 2004? 14 A. No. 15 MR. BROWN: I'm going to mark this as 16 Amendola 17, which is an Annual Development Summary 17 dated 1/19/04. 18 (Whereupon, Annual Development Summary 19 was received and marked Amendola Exhibit 17, for 20 identification, as of this date.) 21 Q. Do you recognize this document, 22 Ms. Amendola. 23 A. I would recognize it better if I knew 24 who signed it. There's no signature. 25 Q. Do you recognize this document?	246 1 B. Amendola 2 inaccurate in this document? 3 A. I don't think so. 4 Q. You don't think so? 5 A. I don't think so. 6 Q. You could put that aside. Do you recall 7 what your base compensation was in 2004? 8 A. No. 9 Q. Do you recall what it was in 2005? 10 A. I believe it was 62,5. 11 Q. In the time that you worked in 2006, 12 what was your base annual salary? 13 A. It was 62,5. 14 Q. Do you recall what you received in 15 incentive compensation in 2004? 16 A. No. 17 Q. What about in 2005? 18 A. No. 19 Q. Did you receive any incentive 20 compensation in 2006? 21 A. Yes, I did. 22 Q. How much? 23 A. In June of 2006 because if a territory 24 performed at a certain level, the incentive 25 compensation was doubled, and my last date of
247 1 B. Amendola 2 A. I recognize annual development 3 summaries, but I'm not sure -- I don't remember this 4 one. 5 Q. Do you see your name in the upper left 6 corner? 7 A. Yes. 8 Q. Was there anything -- strike that. Does 9 everything on this document look accurate to you? 10 MR. MAAZEL: Form objection. 11 Q. Is there anything on this document that 12 looks inaccurate? 13 MR. MAAZEL: Form objection. 14 A. Yes, I never did hospital selling with 15 Bristol-Myers Squibb, so I don't know why that's 16 there. Increase experience in hospital selling. 17 Selling what? And I didn't go to hospitals, so I 18 really don't know about that. 19 Q. Anything else? 20 MR. MAAZEL: Form objection. 21 A. Yes, there's another thing. 22 "Incorporate hospitals in routing. Meet regularly 23 with HISG rep and share experiences." I was not a 24 hospital rep. I didn't call on hospitals. 25 Q. Anything else that you believe is	249 1 B. Amendola 2 employment was considered March 17th of '06, I was 3 entitled to it, and I got somewhere between, I think, 4 nine and \$10,000. I don't remember if that was 5 before taxes or after taxes, but that's what I got. 6 Q. Did you keep any of your pay records? 7 A. I think so. 8 Q. Did you produce those to your attorneys? 9 A. Yes. 10 Q. All of them? 11 A. Whatever I had. 12 Q. What do you recall having in terms of 13 pay records? 14 A. I don't know. I don't remember. I 15 don't know which ones I had and which ones were 16 missing. Clerical work is not my strong suit. 17 Q. I'm going to show you what we're marking 18 as Amendola 18. 19 (Whereupon, Bristol-Myers Squibb IC Plan 20 Scorecard was received and marked Amendola Exhibit 21 18, for identification, as of this date.) 22 Q. This is a document entitled 23 Bristol-Myers Squibb IC Plan Scorecard. It is dated 24 October 2004 to December 2004. 25 A. I'm ready.

<p style="text-align: right;">250</p> <p>1 B. Amendola 2 Q. Are you familiar with this document? 3 A. Yes. 4 Q. Can you explain to me what it is? 5 A. This is the IC plan scorecard. This is 6 the document that I told you that we could barely 7 understand, but would give us the amount of dollars 8 that we were entitled to. 9 Q. Under the incentive compensation plan? 10 A. Right. 11 Q. In terms of the incentive compensation 12 that you received, if you would look to the very 13 bottom of this page, which is BMS 1611, in box five, 14 and it has earnings by period. Do you see that? 15 A. Yes. 16 Q. It has four periods, which is -- is it 17 correct to assume that's the entire year of 2004? 18 A. Yes. 19 Q. It has under year to date earnings 20 \$22,185.90. Do you see that? 21 A. Yes. 22 Q. Was that the incentive compensation that 23 you received in 2004? 24 A. Yes. 25 Q. The incentive compensation that you</p>	<p style="text-align: right;">252</p> <p>1 B. Amendola 2 line. There was no way to prove any of this. It was 3 just there. 4 Q. Did you ever try and prove it? 5 A. How? 6 Q. I'm asking you. 7 A. There was no way. 8 Q. Do you think Bristol-Myers made these 9 numbers up? 10 A. No, but I think their formulary was 11 beyond me. 12 Q. I'm going to show you what we're going 13 to mark as Amendola 19, which is the IC Plan 14 Scorecard for Period 4, November 2005 to 15 December 2005. 16 (Whereupon, Bristol-Myers Squibb IC Plan 17 Scorecard was received and marked Amendola Exhibit 18 19, for identification, as of this date.) 19 Q. Ms. Amendola, looking at what's been 20 marked as Amendola 19 and in particular -- it's a 21 document entitled Bristol-Myers Squibb IC Plan 22 Scorecard, Period 4, November 2005 to December 2005. 23 Do you see that at the top? 24 A. Yes. 25 Q. It has your name?</p>
<p style="text-align: right;">251</p> <p>1 B. Amendola 2 received in 2004, do you know what factors went into 3 determining how you received this \$22,000? 4 A. According to this sheet? 5 Q. Either according to this sheet or your 6 recollection. 7 A. Using the core message on every call, 8 allocating samples to the right prescribers, calling 9 on the right number of physicians the right number of 10 times, allocating the budget that I was given in the 11 right places, frequency of calls, using the approved 12 promotional materials, following the ENGAGE plan, 13 doing what I was supposed to, and having the support 14 of specialists who were doing the same thing, 15 hospital reps doing the same thing, direct to 16 consumer commercials, coupons in the newspapers. 17 Q. Was one of the primary factors in 18 determining your incentive compensation the growth in 19 sales of the product in your territory? 20 A. I think so because growth is on here and 21 that's all I can tell you about it. I don't know 22 what it means by maintenance or metric. I have no 23 clue. I never did, I never could, and it was 24 explained to us, and I would say that 95 percent of 25 us didn't have a clue. We just looked at the bottom</p>	<p style="text-align: right;">253</p> <p>1 B. Amendola 2 A. Yes. 3 Q. If you look at box three, which is the 4 Pinnacle ranking. 5 A. Yes. 6 Q. It says, "current trip standing 146 out 7 of 514." Do you see that? 8 A. Yes. 9 Q. It says, "average national portfolio 10 attainment 97.11 percent." Do you see that? 11 A. Right. 12 Q. Did you win a Pinnacle award in 2005? 13 A. No, not at all. 14 Q. Under box four, year to date summary, 15 under earnings, did you receive in 2005 incentive 16 compensation of \$13,792.12? 17 A. Yep. 18 Q. The receipt of that incentive 19 compensation was based on the factors we just went 20 over? 21 A. Yes. 22 Q. Who decided what the requirements were 23 for receiving incentive compensation? 24 A. I guess the accounting department. I 25 really don't know.</p>

<p style="text-align: right;">254</p> <p>1 B. Amendola 2 Q. Do you know? 3 A. No, I don't know. 4 Q. Did you ever win any awards while you 5 were a TBM at Bristol-Myers? 6 A. I won the Pinnacle awards. 7 Q. Any other awards? 8 A. I was put on the clinical advisory 9 board, which was considered a semi-award, the June 10 Jump contest. I'm trying to think what else. 11 Q. Did you ever receive an excellence 12 award? 13 A. I may have. I got an excellence award 14 for Tequin. 15 Q. What was the clinical advisory board? 16 A. The clinical advisory board was a group 17 of representatives who were invited away for the 18 weekend, and I believe these representatives would 19 have won Pinnacle that year except that the standings 20 were changed. It used to be either 20 percent or 21 25 percent of the sales force. 22 That year it was switched to ten percent 23 and the regional business head decided that this 24 group of people really should have won Pinnacle, 25 therefore, he would put them on a clinical advisory</p>	<p style="text-align: right;">256</p> <p>1 B. Amendola 2 Pinnacle award trips so they could come on another 3 one, like a CV/Met Pinnacle award trip instead of 4 whatever they were with. 5 Q. When did you last win a Pinnacle award? 6 A. I think 2004. 7 Q. On that 2004 trip there were reps from 8 other divisions? 9 A. That was the one that I tied for that I 10 couldn't go on the trip for so I don't know. 11 Q. When was the last time you went on a 12 trip? 13 A. When I went to Europe, 2003. I don't 14 remember the year. 15 Q. Do you know whether the incentive 16 compensation plan, if there was one for another 17 division, was the same as the one for CV/Met? 18 A. I don't know. 19 Q. Do you know whether the call 20 expectations per day were the same for reps in 21 divisions other than CV/Met? 22 A. I don't know. I think so. 23 Q. You think so? 24 A. I think so. 25 Q. What are you basing that on?</p>
<p style="text-align: right;">255</p> <p>1 B. Amendola 2 board. 3 Q. What did you do on the clinical advisory 4 board? 5 A. We had a meeting. 6 Q. One meeting? 7 A. One meeting and we just discussed 8 different things at Bristol-Myers. I don't remember 9 what. The meeting was when we were away for the 10 weekend. 11 Q. Where were you away? 12 A. In Bonita Springs at the Hyatt. 13 Q. Where is that? 14 A. In Bonita Springs. It's near Naples. 15 It's in Florida. 16 Q. Do you know whether there were incentive 17 compensation plans in place in other divisions aside 18 from CV/Met? 19 A. There's incentive compensation plans 20 throughout Bristol-Myers Squibb. 21 Q. How do you know that? 22 A. Because I know that Bristol-Myers Squibb 23 is known for Pinnacle awards, and also, whenever I 24 would go on one of the Pinnacle award trips there 25 would be people who couldn't make their division's</p>	<p style="text-align: right;">257</p> <p>1 B. Amendola 2 A. Just supposition, just being in the 3 business. 4 Q. Do you know whether other divisions use 5 samples? 6 A. Yes. 7 Q. What divisions use samples other than 8 CV/Met? 9 A. Neurology uses samples. 10 Q. Any others? 11 A. I don't know. 12 Q. How do you know that neurology uses 13 samples? 14 A. Because I know neurology markets 15 Abilify. Abilify is a drug that is sampled. 16 MR. BROWN: We're going to take a break. 17 VIDEOGRAPHER: The time is approximately 18 3:19. We're now going off the record. 19 (Whereupon, a recess was taken.) 20 VIDEOGRAPHER: The time is approximately 21 3:32. We're now back on the record. 22 Q. Ms. Amendola, are you familiar with a 23 speaker program at Bristol-Myers Squibb? 24 A. Yes. 25 Q. What was the speaker program as it</p>

	258		260
1	B. Amendola	1	B. Amendola
2	applied to you and CV/Met?	2	A. The speakers --
3	A. The speaker program consisted of doctors	3	MR. MAAZEL: Form objection. You can
4	from around the country who were trained by BMS to	4	answer.
5	put on programs at dinner functions for other	5	A. The speakers were trained to speak on
6	doctors.	6	different topics. They were provided with slides
7	Q. How many doctors were on the list, if	7	pertaining to the topics. They were trained by a
8	you recall?	8	special trainer, and on this vendor's website there
9	A. I don't know.	9	was a list of topics, and I could pick one, and that
10	Q. Do you know how many doctors were	10	would be what my speaker would speak about.
11	trained?	11	Q. What went into your evaluation of what
12	A. I have no idea.	12	topic you wanted to present to the doctors in your
13	Q. Did you ever put on a speaker program?	13	territory?
14	A. Many times.	14	MR. MAAZEL: Form objection.
15	Q. In the last three years that you were at	15	A. I was given a budget that was passed to
16	Bristol-Myers Squibb, how many speaker programs did	16	me through my district sales manager and I was told
17	you put on?	17	to do, let's say, an Avapro program, and that's how I
18	A. I don't know.	18	would pick a topic.
19	Q. Can you approximate?	19	Q. Did you ever pick a topic based on what
20	A. It would just be a guesstimate.	20	you felt were the needs of your customers?
21	Q. Was it more than one time a year?	21	A. If the topic wasn't a choice provided to
22	A. Yes, it was more than one, probably more	22	me by Bristol-Myers Squibb, I was unable to -- I
23	than five, perhaps more than ten. During three years	23	could only use what they provided and hopefully I
24	maybe up to 20.	24	would invite the right customers.
25	Q. Could be less? Could be more?	25	Q. How did you decide what customers to
	259		261
1	B. Amendola	1	B. Amendola
2	A. Yes.	2	invite?
3	Q. Were these all dinner programs?	3	A. I wanted more time with them. I wanted
4	A. The speaker programs were dinner	4	to build a rapport with them. I wanted them to be
5	programs.	5	more knowledgeable about the product so that they
6	Q. Did you ever have a breakfast meeting?	6	would write more prescriptions on a product.
7	A. A breakfast would have been more	7	Q. You didn't pick every single doctor on
8	informal without a speaker.	8	your call list, did you?
9	Q. What about a lunch and learn?	9	A. No.
10	A. Lunch and learn would be no speaker.	10	Q. You selected among the doctors on your
11	Q. Did you decide who to pick to be a	11	call list who would be attending these dinners?
12	speaker at your programs?	12	A. I selected who would be most appropriate
13	MR. MAAZEL: Form objection.	13	as a first tier, and then I selected others for a
14	A. I could go to the approved list and I	14	second tier because it was very difficult to get
15	could put a first, second and third choice and then	15	physicians to attend a dinner program.
16	the vendor would contact the speaker in some	16	Q. Did other people in your pod also have
17	instances, and if the speaker was willing and the	17	speakers at programs?
18	speaker was available and the honorarium was agreed	18	A. Yes. Sometimes we were given pod money,
19	upon, then that speaker would speak at my program.	19	sometimes we were given individual money, but because
20	Q. Did you decide among topics that the	20	we were a pod, we worked together, we were invited
21	speaker would talk about?	21	together, we decided on a speaker together, on a
22	MR. MAAZEL: Form objection.	22	topic. We worked together. We even involved the
23	MR. BROWN: Let me rephrase that.	23	matrix team because we wanted attendance to be at the
24	Q. Were there topics that these speakers on	24	maximum at a program.
25	this list had associated with them?	25	Q. Did you use the I plan program?

<p>1 B. Amendola</p> <p>2 A. I don't know what the I plan is.</p> <p>3 Q. What about the Mercy program?</p> <p>4 A. We had Mercy.</p> <p>5 Q. What was Mercy?</p> <p>6 A. Mercy was a program that had all this</p> <p>7 information in there, and you would go to the Mercy</p> <p>8 program, and you could not do the Mercy program</p> <p>9 during the day because the Mercy program never worked</p> <p>10 properly, and where it should have taken 20 minutes</p> <p>11 to register a program, it took hours and days.</p> <p>12 Also, you needed to connect to the</p> <p>13 Internet and my computer was not wireless, so I spent</p> <p>14 hour after hour registering a program on Mercy in the</p> <p>15 evenings.</p> <p>16 Q. You're not familiar with I plan?</p> <p>17 A. No.</p> <p>18 Q. Did the Mercy program or the Mercy plan</p> <p>19 keep track of all of your dinner programs?</p> <p>20 A. I think so. I don't know. There were</p> <p>21 always glitches.</p> <p>22 Q. Glitches in the Mercy program?</p> <p>23 A. Yes.</p> <p>24 Q. How often did you speak to your DBM the</p> <p>25 last three years that you were at Bristol-Myers?</p>	<p>262</p> <p>1 B. Amendola</p> <p>2 wasn't added or the doctor never showed up on the</p> <p>3 call plan. There were glitches in that system as</p> <p>4 well.</p> <p>5 Q. Let me ask you this: Did anyone at</p> <p>6 Bristol-Myers ever reject a doctor that you put on a</p> <p>7 list?</p> <p>8 A. Not outright. The doctor just might</p> <p>9 never have shown up there. We could call on that</p> <p>10 doctor with paper. We could submit a paper where</p> <p>11 they sign for it on paper.</p> <p>12 Q. Even if they weren't on your call list?</p> <p>13 A. Yes, but then there was the risk that</p> <p>14 the paper would be lost or the samples that the</p> <p>15 doctor took would not be deducted from the sample</p> <p>16 count.</p> <p>17 Q. Did that ever happen to you?</p> <p>18 A. Once I had a discrepancy, but it was</p> <p>19 completely straightened out.</p> <p>20 Q. Did it ever happen in the last three</p> <p>21 years you were employed at Bristol-Myers?</p> <p>22 A. No.</p> <p>23 Q. But in the last three years you were</p> <p>24 employed at Bristol-Myers you added doctors to your</p> <p>25 call plan, correct?</p>
<p>263</p> <p>1 B. Amendola</p> <p>2 A. I don't know.</p> <p>3 Q. Weekly?</p> <p>4 A. No.</p> <p>5 Q. Monthly?</p> <p>6 A. Definitely monthly.</p> <p>7 Q. In those monthly -- was it a phone call?</p> <p>8 A. Either a phone call or we rode together.</p> <p>9 Q. Let's talk about a phone call. Do you</p> <p>10 recall what generally you would talk about with your</p> <p>11 DBM?</p> <p>12 A. I might talk to him about the budget. I</p> <p>13 might talk to him if he could get me additional</p> <p>14 samples because he was responsible for allocating the</p> <p>15 samples to us, if I needed other materials, things</p> <p>16 like that.</p> <p>17 Q. We talked about your call plan before</p> <p>18 and I believe you testified that you had put some</p> <p>19 additional doctors on your call plan; is that</p> <p>20 accurate?</p> <p>21 A. Yes.</p> <p>22 Q. Did you have to get any kind of approval</p> <p>23 to put a doctor on your call plan?</p> <p>24 A. I had to have a reason why and then I</p> <p>25 could submit the doctor's name, but either the doctor</p>	<p>265</p> <p>1 B. Amendola</p> <p>2 A. Here and there.</p> <p>3 Q. Did you ever take doctors off your call</p> <p>4 plan?</p> <p>5 A. If they were dead.</p> <p>6 Q. Any other reason?</p> <p>7 A. If they moved out of the territory.</p> <p>8 Q. Any other reason?</p> <p>9 A. Not just because I didn't want them.</p> <p>10 Q. Was there any other reason other than</p> <p>11 the ones you've identified?</p> <p>12 A. I don't think so.</p> <p>13 Q. Have you ever gone on a call with</p> <p>14 representatives from other divisions?</p> <p>15 A. No.</p> <p>16 Q. Did you consider yourself to be the face</p> <p>17 of Bristol-Myers Squibb to the doctors or prescribers</p> <p>18 in your territory?</p> <p>19 A. No, because there were so many other</p> <p>20 reps from Bristol-Myers Squibb who were in my</p> <p>21 territory just like me.</p> <p>22 Q. Were other Bristol-Myers Squibb reps,</p> <p>23 other than your pod mates, visiting your doctors?</p> <p>24 A. Yes.</p> <p>25 Q. Who were those people? Who were they?</p>

<p style="text-align: right;">266</p> <p>1 B. Amendola 2 A. In some cases neurology reps, specialty 3 reps, cardiovascular specialty reps, the urologists. 4 Q. What did you say? 5 A. I called on urologists with Tequin, but 6 there were -- I also called on OB/GYN oncologists, a 7 few of those. So there were oncology reps calling on 8 them. 9 Q. In the last three years of your 10 employment at Bristol-Myers Squibb in CV/Met, were 11 there reps outside your pod mates who visited those 12 doctors you visited? 13 A. More than likely, yes, because while I 14 was CV/Met, I was calling on family practice, DO's, 15 internal medicine. They see specialty 16 representatives from every area. 17 Q. But you don't know? 18 MR. MAAZEL: Form objection. 19 A. I don't know for sure. 20 Q. With regard to Avapro, Avalide, Plavix 21 and Pravachol, were you and your pod mates the only 22 ones marketing and promoting for the doctors in your 23 territory? 24 A. No. 25 Q. There were other BMS reps?</p>	<p style="text-align: right;">268</p> <p>1 B. Amendola 2 A. There were many. 3 Q. How many? 4 A. There were many. 5 Q. More than ten? 6 A. Yes. I haven't done this in a few 7 years. John Hyatt. Some of those are primary care 8 physicians. Some of those are specialists. Lerner 9 is another one. There are a lot. 10 Q. Other than the doctors that Mr. Dassani 11 called on, were there any other BMS reps calling on 12 your doctors who sold Pravachol, Plavix, Avapro and 13 Avalide? 14 A. Bill Aguayo, specialty rep; Jay Lakritz, 15 primary care rep; Courtney O'Lauglin. 16 MR. BROWN: Just give us a minute. I 17 think we may be done for today. 18 VIDEOGRAPHER: The time is approximately 19 3:46. We're now going off the record. 20 (Whereupon, a recess was taken.) 21 VIDEOGRAPHER: The time is approximately 22 3:49. We're now back on the record. 23 MR. BROWN: Thank you for your time. I 24 don't have anymore questions. 25 MR. MAAZEL: I have a few follow-up</p>
<p style="text-align: right;">267</p> <p>1 B. Amendola 2 A. Yes. 3 Q. Who? 4 A. Subosh Dassani, senior territory 5 business manager, specialty rep. 6 Q. Is that a man or woman? 7 A. A man. 8 Q. Mr. Dassani was a specialty rep? 9 A. Yes. 10 Q. What was the overlap in terms of him 11 promoting and making calls to your doctors? 12 A. We had some of the same products. 13 Q. How many? 14 A. I don't know. I know he marketed 15 Plavix. I know he marketed Pravachol. He's been 16 with the company 30 years or more. 17 Q. What doctors did he visit that were on 18 your call list? 19 A. Antonio Reyes. 20 Q. Anybody else? 21 A. A specialist Dr. Barry Harris, 22 cardiologist. 23 Q. Anybody else? 24 A. Dr. David Berndt. 25 Q. Anyone else?</p>	<p style="text-align: right;">269</p> <p>1 B. Amendola 2 questions. 3 EXAMINATION BY 4 MR. MAAZEL: 5 Q. You said there were specialty reps who 6 visited the very same doctors as you, yes? 7 A. Yes. 8 Q. They were doing the exact same job as 9 you? 10 A. Yes, there were reps who were in the 11 neurology division who marketed a drug and were 12 promoting it to some primary care physicians. 13 Q. Starting with specialty reps. 14 A. They were specialty reps. 15 Q. I see. You had specialty reps in other 16 divisions of BMS who were calling on the same doctors 17 as you? 18 A. The neurology reps. 19 Q. They were doing the same job as you? 20 A. Yes. 21 Q. I think you testified specialty and 22 primary care are the same thing. Do you remember 23 that testimony? 24 A. Yes. 25 Q. What do you mean by that?</p>

<p style="text-align: right;">270</p> <p>1 B. Amendola 2 A. We get the same initial training. We 3 work for the same company. Our territories are very 4 often the same. Our duties are the same, to market 5 the product. The only differences are that specialty 6 reps have more materials, more clinical re-prints to 7 use with the specialists. 8 Q. And specialty reps get paid more 9 usually? 10 A. Yes, it's considered a promotion. 11 Q. So the job duties and responsibilities 12 of specialty reps and primary care reps are the same? 13 A. Yes. 14 Q. Towards the beginning of the deposition 15 you told Mr. Brown that whenever you use the word 16 "sell" you mean promote. Do you remember that 17 testimony? 18 A. Yes. 19 Q. And that whenever anyone at BMS uses the 20 word "sell," referring to pharmaceutical reps, they 21 mean promote; is that correct? 22 MR. BROWN: I'm going to object. I 23 don't think that was her testimony. 24 Q. Is that a fair statement? 25 A. What I said was that we never sold</p>	<p style="text-align: right;">272</p> <p>1 B. Amendola 2 interchangeable in pharmaceuticals. 3 Q. So to the extent you used the word 4 "sale" at all today, what you meant was promote as 5 you testified to earlier; is that correct? 6 A. That's correct. 7 Q. Mr. Brown asked you a little bit about 8 quote, unquote, closing a sale. Is that just 9 language that's used at BMS? 10 MR. BROWN: Objection to form. 11 Q. You can answer. 12 A. It's closing the call. It's thanking 13 the doctor for his time, asking the doctor to write 14 scripts for the product, and leaving the doctor's 15 office. 16 Q. Can you actually close a sale at a 17 doctor's office, yes or no? 18 A. You can close the doctor, but you can't 19 close a sale because you don't have a sale. 20 Q. When you say "close the doctor," you 21 mean try to get some kind of commitment? 22 A. Right. 23 Q. But can any doctor actually give you a 24 commitment? 25 A. They can say that they will do it, but</p>
<p style="text-align: right;">271</p> <p>1 B. Amendola 2 anything. We marketed. We promoted. Even our 3 materials were called promotional materials, but we 4 were called sales reps, but we did not sell anything. 5 In fact -- 6 THE WITNESS: Your name is? 7 MR. BROWN: Mr. Brown. 8 MR. MAAZEL: Jeremy Brown. 9 A. When he asked me if I ever sold 10 anything, I told him that if I had sold the samples I 11 would have lost my job because we were not allowed to 12 sell anything. 13 Q. Let me just ask you very simply. Have 14 you ever sold any drug in your entire career at BMS? 15 A. No. 16 Q. Has any pharmaceutical rep, to your 17 knowledge, at BMS ever sold a drug? 18 A. No. 19 Q. If you were to sell a drug, in your view 20 you would be fired? 21 A. Yes. 22 Q. So there were a couple of times today 23 where you used the word "sale" or "sell," were you 24 referring to promote? 25 A. Yes, I was referring to promote. It's</p>	<p style="text-align: right;">273</p> <p>1 B. Amendola 2 they're not -- there's no way to enforce it. They do 3 or they don't. 4 Q. So no contract is made with any doctor? 5 A. No. 6 Q. Money never exchanges hands? 7 A. No. 8 Q. No written commitments? 9 A. No. 10 Q. Just a promise by the doctor that he 11 will consider the product at some later point? 12 A. Not even a promise. You ask the doctor 13 will you do it, will you write it, and the doctor 14 will say I will. 15 Q. But you have no idea if that will happen 16 or not? 17 A. No. 18 Q. Now, how many calls were you expected to 19 do in the field every day? 20 A. I was expected to make 8.5 calls. 21 Q. A day? 22 A. A day. 23 Q. In addition, were you expected to be in 24 the field from eight to five? 25 A. I was expected to be in the field from</p>

<p style="text-align: right;">274</p> <p>1 B. Amendola 2 eight to five. I didn't spend all my time shopping. 3 Q. Hold on. 4 MR. BROWN: I'm going to object to that 5 answer as non-responsive. 6 Q. Just listen to my question and answer 7 the question. If you completed nine calls in a day, 8 were you expected to be in the field from eight to 9 five? 10 A. I had to be in the field from eight to 11 five. 12 Q. So if that meant nine calls or 20 calls 13 or 100 calls, you had to be in the field? 14 A. Eight to five. 15 Q. Do you understand in the field to be 16 doing work for BMS as opposed to merely being present 17 in the territory, yes? 18 A. Yes. 19 Q. You referred earlier to sometimes you'd 20 start work earlier than eight in the field? 21 A. Right. 22 Q. Did that happen a fair number of times? 23 A. If I was doing a breakfast. If my 24 budget was small and I did a breakfast because it was 25 more cost effective, I would be in the field before</p>	<p style="text-align: right;">276</p> <p>1 B. Amendola 2 that you were expected to do as part of your job for 3 BMS? 4 A. Yes, I had my teleconferences. I 5 attended them when they were -- they were always 6 mandatory teleconferences prior to going out to work. 7 Sometimes there were mandatory teleconferences after 8 to work. I couldn't connect my computer. I couldn't 9 transmit my calls. I couldn't do any of that until I 10 was home after five o'clock. 11 Q. When did you check your e-mails for 12 work? 13 A. I checked my e-mails before I went to 14 work and I checked my e-mails -- the same day e-mails 15 after work. 16 Q. When did you check your voice mail from 17 supervisors and from others? 18 A. I did my voice mails in-between calls 19 and then I completed them after work. 20 Q. When did you prepare to meet with 21 doctors? 22 A. I did my preparation either prior to 23 going out in the morning, prior to eight o'clock, or 24 I did my preparation after six o'clock. 25 Q. When did you do the dinner</p>
<p style="text-align: right;">275</p> <p>1 B. Amendola 2 eight o'clock. 3 Q. Sometimes at seven? 4 A. Sometimes at seven. Sometimes I had a 5 teleconference prior to eight o'clock and I would 6 start work early. 7 MR. BROWN: Can we have a time frame 8 here? 9 Q. During your last three years at BMS? 10 A. Yes. 11 Q. Did you sometimes have lunches that were 12 less than an hour? 13 A. I sometimes had lunches that were less 14 than hour. Sometimes I had no lunch at all because I 15 had a working lunch. 16 Q. You referred earlier to the occasional 17 time when you would go to a dentist or go to a store. 18 Deducting that time from your time in the field, but 19 also taking into account that you frequently didn't 20 take lunches, or had shorter lunches, or went to work 21 before eight, on average, would you say you were in 22 the field working for BMS for how long per week? 23 A. I was in the field 40 plus hours a week. 24 Q. In addition to your work in the field, 25 was the work that you did outside of eight to five</p>	<p style="text-align: right;">277</p> <p>1 B. Amendola 2 presentations? 3 A. The dinner programs were done -- usually 4 they started at 6:30 or seven and they lasted until 5 10:30, eleven, twelve o'clock. 6 Q. In the evening? 7 A. In the evening. When we had the budget, 8 we did the dinner programs. 9 Q. When did you prepare for the dinner 10 programs? 11 A. I did them in the evening. 12 Q. When did you do your online training? 13 A. My online trainings I did in the 14 evenings, I did them on Sunday morning, sometimes I 15 did them on Saturday mornings. 16 Q. On average during your last three years 17 at BMS, about how many hours did you work for BMS per 18 week? 19 A. I would say conservatively 50 hours a 20 week. Sometimes more. Sometimes less. 21 Q. There you're including not just time in 22 the field, but time in the evenings and weekdays and 23 weekends? 24 A. I'm talking about administrative time. 25 Q. You're talking about days, evenings and</p>

<p style="text-align: right;">278</p> <p>1 B. Amendola 2 weekends, right? 3 A. Yes, days, evenings and weekends. 4 Q. You said that -- you made references to 5 moving market share. Do you remember that testimony? 6 A. Yes. 7 Q. Is it your understanding that everyone 8 in BMS is trying to sell BMS products? 9 A. Everyone is trying to move market share. 10 Q. Everyone at BMS? 11 A. Everyone. That's what we were there 12 for. 13 Q. The people who were making ads for BMS, 14 they're trying to move market share? 15 A. Yes. 16 Q. So there's nothing special for you about 17 trying to move market share, that's what everybody is 18 doing? 19 A. Right. 20 Q. You mentioned or Mr. Brown brought up 21 speakers. Could you just pick any speaker, or did 22 BMS come up with a speaker list? 23 A. It had to be an approved BMS speaker who 24 was approved by -- who was trained by Bristol-Myers 25 staff in what was acceptable to teach at dinner</p>	<p style="text-align: right;">280</p> <p>1 B. Amendola 2 speakers. 3 Q. Am I correct that BMS created the 4 materials? 5 A. Yes. 6 Q. And they required that only those 7 materials be used? 8 A. Yes. 9 Q. And that's true for you and all the 10 pharmaceutical reps, to your knowledge? 11 A. Yes. 12 Q. You mentioned that you mentored a Lali 13 Bahlawan, was it? 14 A. Yes. 15 Q. Did you ever supervise Ms. Bahlawan? 16 A. No. 17 Q. Could you hire her or did you hire her? 18 A. No. 19 Q. Could you fire her? 20 A. No. 21 Q. Did you ever supervise anyone in your 22 entire career at BMS? 23 A. No. 24 Q. Could you have supervised anyone in your 25 entire career at BMS?</p>
<p style="text-align: right;">279</p> <p>1 B. Amendola 2 programs to the other doctors. 3 Q. Was every speaker that you ever were 4 involved with, was every single speaker approved by 5 BMS? 6 A. Yes. 7 Q. Is that true for all pharmaceutical 8 representatives, to your knowledge? 9 A. Yes. 10 Q. How about the topics, could you just 11 make up a topic, or were all those topics 12 pre-approved by BMS? 13 A. The topics were pre-selected by BMS. We 14 could just pick one. 15 Q. Was it BMS that devised the topics 16 originally? 17 MR. BROWN: Objection to form. 18 A. I don't know. 19 Q. All you know is they gave you a list of 20 topics? 21 A. They gave us a list. 22 Q. All the materials that were used in the 23 speaker programs, I take it each and every one was 24 created, devised, and approved by BMS? 25 A. There was no homemade bread even for the</p>	<p style="text-align: right;">281</p> <p>1 B. Amendola 2 A. No. 3 Q. Is that because you were at the lower 4 rung of the ladder at BMS? 5 MR. BROWN: Objection. 6 Q. You can answer. 7 A. I was a primary care representative. 8 Q. You didn't supervise people? 9 A. No. 10 MR. MAAZEL: Nothing else. 11 MR. BROWN: I may have a few so let's 12 take a break. 13 VIDEOGRAPHER: The time is approximately 14 four o'clock. We're now going off the record. 15 (Whereupon, a recess was taken.) 16 VIDEOGRAPHER: The time is approximately 17 4:06. We're now back on the record. 18 FURTHER EXAMINATION 19 BY MR. BROWN: 20 Q. Ms. Amendola, do you know whether 21 specialty reps at BMS received additional training 22 compared to primary care reps? 23 A. I would have to say yes because they had 24 more clinical re-prints to go over, and occasionally 25 they would go to a sales meeting before other reps.</p>

<p style="text-align: right;">282</p> <p>1 B. Amendola 2 So they had more work to do. 3 MR. BROWN: I don't have any other 4 questions. 5 MR. MAAZEL: Thank you. 6 VIDEOGRAPHER: The time is approximately 7 4:06. This concludes today's deposition. We're now 8 going off the record. 9 (Time Noted: 4:06 p.m.) 10 J U R A T 11 12 I, Beth Amendola, the witness herein, do hereby 13 certify the foregoing testimony of the pages of this 14 deposition to be a true and correct transcript, 15 subject to the corrections, if any, shown on the 16 attached page. 17 18 <u>BETH AMENDOLA</u> 19 20 Subscribed and sworn to before me 21 This _____ day of _____, 2008. 22 23 24 25 <u>NOTARY PUBLIC</u></p>	<p style="text-align: right;">284</p> <p>1 PAGE LINE 2 ----- CHANGE: ----- 3 REASON: ----- 4 ----- CHANGE ----- 5 REASON: ----- 6 ----- CHANGE ----- 7 REASON: ----- 8 ----- CHANGE ----- 9 REASON: ----- 10 ----- CHANGE ----- 11 REASON: ----- 12 ----- CHANGE ----- 13 REASON: ----- 14 ----- CHANGE ----- 15 REASON: ----- 16 ----- CHANGE ----- 17 REASON: ----- 18 ----- CHANGE ----- 19 REASON: ----- 20 ----- CHANGE ----- 21 REASON: ----- 22 ----- CHANGE ----- 23 REASON: ----- 24 25</p>
<p style="text-align: right;">283</p> <p>1 2 STATE OF NEW YORK) 3) ss: 4 COUNTY OF NEW YORK) 5 6 I wish to make the following changes, for the 7 following reasons: 8 PAGE LINE 9 10 ----- CHANGE: ----- 11 REASON: ----- 12 ----- CHANGE: ----- 13 REASON: ----- 14 ----- CHANGE: ----- 15 REASON: ----- 16 ----- CHANGE: ----- 17 REASON: ----- 18 ----- CHANGE: ----- 19 REASON: ----- 20 ----- CHANGE: ----- 21 REASON: ----- 22 ----- CHANGE: ----- 23 REASON: ----- 24 ----- CHANGE: ----- 25 REASON: -----</p>	<p style="text-align: right;">285</p> <p>1 2 I N D E X 3 4 WITNESS EXAMINATION BY PAGE 5 Beth Amendola Mr. Brown 4, 281 6 Mr. Maazel 269 7 8 EXHIBITS 9 10 AMENDOLA DESCRIPTION FOR IDENT 11 1 Complaint 4 12 2 Plaintiff's Initial Disclosures 4 13 3 Plaintiff's Responses to Defendants' 4 14 First Set of Interrogatories 15 4 Plaintiff's Responses to Defendants' 4 16 Request for Production of Documents 4 17 5 Declaration of Beth Amendola 4 18 6 1/27/98 employment offer letter 85 19 7 Excel Sales Career Progression Program 20 Primary Care Rep Guidebook 91 21 8 Beth Amendola's resume 101 22 9 Application for employment 118 23 10 ENGAGE learning system 199 24 11 ENGAGE Selling Skills Model Pre-Work 201 25 12 December 2005 performance review 211 26 13 June 2005 performance review 226 27 14 December 2004 performance review 230</p>

72 (Pages 282 to 285)

286

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2 EXHIBITS

3

4	AMENDOLA	DESCRIPTION	FOR IDENT
5	15	Performance Partnership Summary	238
6	16	Performance Partnership Summary	243
7	17	Annual Development Summary	246
8	18	BMS IC Plan Scorecard	249
9	19	BMS IC Plan Scorecard	252

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2 CERTIFICATE

3

4 STATE OF NEW YORK)

5) ss:

6 COUNTY OF NEW YORK)

7

8 I, BRENDA FITZGERALD, a Shorthand
 9 Reporter and Notary Public within and for the State
 10 of New York, do hereby certify:

11 That, Beth Amendola, the witness whose
 12 DEPOSITION was held on January 28, 2008, as
 13 hereinbefore set forth, was duly sworn by me, and
 14 that this transcript of such Examination is a true
 15 and accurate record of the testimony given by such
 16 witness.

17 I further certify that I am not related
 18 to any of the parties to this action by blood or by
 19 marriage, and that I am in no way interested in the
 20 outcome of this matter.

21 IN WITNESS WHEREOF, I have hereunto set
 22 my hand this 31st day of January, 2008.

23

24 BRENDA FITZGERALD

25

73 (Pages 286 to 287)